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Sections 4.2 and 4.3 do not appear in the Nursing Facility version of this manual.

4.0 Completing the LOCET

4.1 Section A. Setting the Stage:

At the beginning of the LOCET interview, the intake analyst will explain several things to the informant, including:

- the purpose of the LOCET process
- importance of giving truthful answers to LOCET questions
- quality measures within the LOCET process
- random selection of LOCET cases to be interviewed on an in-person basis
- that written results of the determination and appeal rights will be issued
- all program requirements must be met for any particular long term care program.

The informant will then be asked of his/her understanding of these factors. Items 2.A.-2.E and 3 must be completed to indicate the informant understands.

The informant must sign and date the hardcopy LOCET immediately after Section A in the space provided. The most appropriate person to sign the LOCET here is the actual informant, the person who is giving information for the LOCET. However, there are some instances where the applicant who is serving as the informant is not able to sign his / her own name, because of medical incapacitation.

In this instance, the nursing facility staff may sign Section A of the LOCET. The nursing facility staff will sign his / her own name here, indicating that the items in Section A were explained and understood by the informant.

SECTION A. SETTING THE STAGE

1. The intake analyst will explain the LOCET process to the informant. The intake analyst will explain the LOCET process to the informant. The intake analyst will explain the LOCET process to the informant. The intake analyst will explain the LOCET process to the informant. The intake analyst will explain the LOCET process to the informant.

2. The following information was explained to the informant:

a. The information provided during the interview was used to determine the quality improvement program. ☒ 1

b. The information provided was used to determine the quality improvement program. ☒ 1

c. The information provided was used to determine the quality improvement program. ☒ 1

d. The information provided was used to determine the quality improvement program. ☒ 1

e. The information provided was used to determine the quality improvement program. ☒ 1

3. Statement indicating that the LOCET process was explained to the informant. ☒ 1

Signature of Informant: Sally White, LPN for J. Smithery Date: mm/dd/yy

4.4 Section AA. Identification Information:

This section will auto populate from the Client Face Sheet data.

4.5 Section BB. Evacuee Determination:

Section BB will be completed only after an evacuation event in Louisiana has occurred. Item BB will be skipped in its entirety in normal times of operation. After an evacuation event, DHH may instruct users to begin collecting information in Section BB. Section BB data will be collected for one year following an evacuation event.

Item BB.1: If OAAS has instructed that Section BB is to be answered, and if Item BB.1. is “no,” then skip to Item EE.2. If the answer to Item BB.1. is “yes,” then proceed with other questions in section BB.

Question the informant regarding the applicant’s location, living arrangement satisfaction.

In Item BB.5, indicate the living arrangement that the applicant would prefer to have. Item BB.6 elicits information about the actual living arrangement prior to the evacuation event.

SECTION AA INFORMATION IS CONTAINED WITHIN THE CLIENT FACE SHEET.

SECTION BB. EVACUEE DETERMINATION

1. Evacuee Status
Is the applicant an evacuee of a catastrophic event which occurred within the last 12 months?
0. No 1. Yes ☐

2. Choice of Destination
Was the applicant given a choice regarding where he / she wanted to evacuate?
0. No 1. Yes ☐

3. Out of State
Is the applicant currently living out of state due to a recent catastrophic event within his/her usual living area?
0. No 1. Yes ☐

4. Living Arrangement Satisfaction
Is the applicant satisfied with his/her current living arrangements?
0. No 1. Yes ☐

5. Preferred Living Arrangements
1. Private home apartment 3. Adult Residential Center Board & Care 5. Other ☐
2. Hospital 4. Nursing Home ☐

6. Living Arrangements Prior to Evacuation
1. Private home apartment 3. Adult Residential Center Board & Care 5. Other ☐
2. Hospital 4. Nursing Home ☐

7. Extent of Residence Damage
0. None 2. Extensive - Inhabitable 4. Unknown ☐
1. Minor - Inhabitable 4. Extensive - Uninhabitable

Applicant Name _____ Last 4 digits of Applicant SSN _____ OAAS PF-06-010
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Information about any damage to the applicant’s usual residence is gathered in Item BB.7. Care should be taken when asking Item BB.7. Remember that the educational level of the informant should be considered when selecting vocabulary for questions. Sometimes the analyst may find it necessary to ask, “Is anyone able to live in the home?” rather than to say, “Is the home inhabitable?”

Item BB.8 refers to the main caregiver who will be helping the applicant upon returning to his/her usual residence after the evacuation. Select the appropriate answer.

8. Support at Home ☐

0. No one
1. Spouse
2. Adult Child
3. Sibling
4. Parent
5. Friend/neighbor
6. Other

4.6 Section CC. Personal Representative Information:

This section will auto populate from the Client Face Sheet data.

4.7 Section DD. Items 1 – 3, Primary Physician Identification:

This section will auto populate from the Client Face Sheet data.

4.8 Section EE. Initial Call and LOCET Type:

4.8.1 Item 1: For Nursing Facility admissions, EE.1. will always indicate that the applicant initiated the process. The nursing facility version of the LOCET form is pre-filled with this selection.

Section EE. Initial Call and LOCET Type

1. LOCET Initiated by:

0. DHH Designee 1. Applicant 2. Informant

2. Date Time LOCET Initiated:

Y Y Y Y M M D D

(Military Time)

4.8.2 Item 2: Enter the date and time the LOCET was initiated. Use military time as illustrated in the table below.

4.8.2.1 Military Time

The following table summarizes the relationship between regular and military time. 7:15 a.m. in regular time would be expressed as 0715 in military time; 1:30 p.m. in regular time would be expressed as 1330 in military time.

Regular Time	Military Time	Regular Time	Military Time
Midnight	0000	Noon	1200
1:00 a.m.	0100	1:00 p.m.	1300
2:00 a.m.	0200	2:00 p.m.	1400
3:00 a.m.	0300	3:00 p.m.	1500
4:00 a.m.	0400	4:00 p.m.	1600
5:00 a.m.	0500	5:00 p.m.	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00 a.m.	0700	7:00 p.m.	1900
8:00 a.m.	0800	8:00 p.m.	2000
9:00 a.m.	0900	9:00 p.m.	2100
10:00 a.m.	1000	10:00 p.m.	2200
11:00 a.m.	1100	11:00 p.m.	2300

4.8.3 Item 3: Records the type of LOCET. For nursing facility admissions, the type will always be considered to be an initial determination. This selection is pre-filled on the nursing facility version of the LOCET form.

3. Type of LOCET: 1. Initial Determination 2. Audit Review Determination	3. Follow-up after Incomplete 4. Annual Reassessment	1
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4.9 Section FF. Program Choice:

Applicants for long term care have a choice as to which program(s) in which they wish to be served. Each of the OAAS long term care programs must be explained to the person applying for nursing facility admission, based on the brief descriptions which follow.

The Intake Analyst will enter 0 for “no” or 1 for “yes” to each of the programs listed, based on the applicant’s preferences:

SECTION FF. Program Choice		0=NO 1=YES
1. Indicate the applicant's choice of Long Term Care Program:		
a. Program Choice Not Declared at this time.....		
b. Adult Day Health Care Waiver Services (ADHC).....		
c. Elderly and Disabled Adult Waiver (EDA).....		
d. Long Term Personal Care Services (LT-PCS).....		
e. PAS.....		Not Used 0
f. PACE.....		
g. Adult Residential Care Program		Not Used 0
h. Nursing Facility Admission.....		

Selection a: Program Choice not declared at this time.

Selection b: Adult Day Health Care Waiver Services (ADHC): A waiver service which provides direct care for the physically and/or mentally impaired. This service provides a pre-determined number of hours per day of oversight for the individual in a licensed day care center.

Selection c: Elderly and Disabled Adult Waiver Services (EDA): A Medicaid Home and Community-based waiver providing alternative services to elderly and disabled adults. These services allow the applicant to live in the community instead of a Nursing Home or Institution.

Selection d: Long Term Personal Care Services (LT-PCS): A State Plan program which offers assistance to Medicaid recipients and allows them to remain in their homes rather than going to a nursing home. All applicants must meet Level of Care requirements as defined by LOCET.

Selection e: PAS: Not Used. Zero is pre-filled for this selection.

Selection f: Program of All-Inclusive Care for the Elderly (PACE): A program which offers pre-paid, capitated, comprehensive health care services in a specific geographic area. The services are designed to assist elders 55 and older to live in their homes in the community as long as it is medically and socially feasible. PACE programs coordinate and provide all needed preventive,

primary, acute and long term care services. All Medicare and Medicaid services must be covered services, including physician, hospital care, and nursing facility services.

Selection g: Adult Residential Care Program (ARCP): Not Used. Zero is pre-filled for this selection.

Selection h: Nursing Facility Admission: Long term services provided for maintenance, personal care or nursing for persons who, by reason of illness or physical infirmity or age, are unable to properly care for themselves.

4.10 Section GG. Diagnoses and ICD-9 Codes

Section GG requests information from the applicant regarding the diagnoses

SECTION GG. Diagnoses:													
a. Primary Diagnosis: _____	ICD-9 Code: _____												
b. Secondary Diagnosis: _____	(If available) →												
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

Item GG.a:

Write the primary diagnosis description on the line and the corresponding ICD-9 code (if available) in the blocks.

Item GG.b:

Write the secondary diagnosis description on the line and the corresponding ICD-9 code (if available) in the blocks.

4.11 Section B. Items/information to collect at beginning of interview process

All items must be answered carefully. This section asks questions regarding the applicant's living arrangements, such as current location of applicant, condition of applicant's housing, prior nursing home residence within the last five years.

As stated earlier, the "informant" is the person who is being interviewed and is giving information regarding the applicant. Care shall be taken to determine the actual relationship between the informant (caller) and the applicant.

Remember, the answers that the Intake Analyst codes in the LOCET must be the analyst's best judgment of the correct answer based on all available sources of information.

4.11.1 Item B.4: Relationship of Informant to Applicant:

Code the selection which best describes the relationship of the informant to the applicant.

SECTION B. Items information to collect at beginning of interview process		
4. Relationship of informant to applicant (select only one):		
0. Self (Skip to Item B.7)	5. Hospital discharge planner	<input type="checkbox"/>
1. Spouse	6. Nursing Home admissions staff	
2. Child or child-in-law		
3. Other relative	7. Other health care professional. Specify _____	
4. Friend/neighbor	8. Other. Please specify. _____	

Selection 0: Self: Code this selection if an applicant is giving information for LOCET him/herself.

When this Selection is made, the intake analyst must skip to Item B.7.

Selection 1: Spouse: Code this selection when a spouse is giving information about the applicant for the LOCET.

Selection 2: Child or child-in-law: Code this selection when a daughter, son, daughter-in-law or son-in-law is giving information about the applicant for the LOCET.

Selection 3: Other relative: Code this selection when a relative other than the spouse, a daughter, son, daughter-in-law or son-in-law is giving information about the applicant for the LOCET.

Selection 4: Friend / neighbor: Code this selection when a friend or neighbor (non-relative) of the applicant is giving information about the applicant for the LOCET.

Selection 5: Hospital Discharge Planner: Code this selection only if the applicant is currently a hospital patient at the time the LOCET is being completed and a hospital discharge planner is giving information about the applicant for the LOCET.

Selection 6: Nursing Home Admissions Staff: Code this selection if the nursing facility staff is acting as the informant for the applicant because there is no one else to give reliable information about the applicant's activities in the last 7 day.

Selection 7: Other Health Care Professional (specify): Code this selection if the informant for the applicant is a health care professional other than a hospital discharge planner or nursing home admissions staff. Specify in the blank what type of health care professional this informant is, e.g., "nurse in primary care physician's office."

Selection 8: Other, (specify): Code this selection if the informant's relationship to the applicant cannot be captured in any other category above. Specify what that relationship is in the blank provided, e.g., "manager of homeless shelter."

4.11.2 Item B.5: Informant's information sources

Informant's information sources regarding the status/abilities of applicant:

It is important to know the informant's sources of information regarding the status of the applicant. The informant referred to in this item is the informant who is identified in item B.4. on the LOCET. **If "Self" is selected in Item B.4., Item B.5 must not be answered.**

5. Informant's information sources regarding the status/abilities of applicant. (select all that apply):		0=NO 1=YES
a. Direct observation of the applicant.....	<input type="checkbox"/>	0=NO 1=YES
b. From paid care providers.....	<input type="checkbox"/>	
c. From family or other informal caregivers.....	<input type="checkbox"/>	
d. Review of agency records, care provider status reports, etc.....	<input type="checkbox"/>	
e. Other (specify) _____		

Recognizing that an informant may have more than one source of information regarding the applicant, multiple selections may be made in Item B.5. Each of the following information sources must be coded as "0" for "No, this is not an information source which the informant (shown in Item B.4.) has used to know about the applicant's status or abilities," or "1" which would indicate, "Yes, the informant identified in Item B.4. has used this information source to gather information about the applicant's status or abilities."

a. Direct observation of the applicant:

Code this selection "0" if the informant shown in Item B.4. has not seen the applicant.

Code this selection "1" if the informant shown in Item B.4. has seen the applicant.

If "0" is selected for Item B.5., that is, direct observation is not a source of information about this applicant, Item B.6. should be skipped.

b. From paid care providers:

Code this selection "0" if the informant shown in Item B.4. has not received information about the applicant's status and abilities from paid care providers.

Code this selection "1" if the informant shown in Item B.4. has received information about the applicant's status and abilities from paid care providers.

c. From family or other informal caregivers:

Code this selection "0" if the informant shown in Item B.4. has not received information about the applicant's status and abilities from the applicant's family or any informal caregiver the applicant may have.

Code this selection "1" if the informant shown in Item B.4. has received information about the applicant's status and abilities from the applicant's family or any informal caregiver the applicant may have.

d. Review of agency records, care provider status reports, etc.:

Code this selection “0” if the informant shown in Item B.4. has not reviewed agency records or care provider written status reports to learn of the applicant’s status and abilities.

Code this selection “1” if the informant shown in Item B.4. has reviewed agency records or care provider written status reports to learn of the applicant’s status and abilities.

e. Other:

Code this selection “0” if the informant shown in Item B.4. has not obtained information about the applicant’s status and abilities from any other source which is not categorized above.

Code this selection “1” if the informant shown in Item B.4. has obtained information about the applicant’s status and abilities from any other source which is not categorized above. The specific source of information must be entered in the blank provided.

4.11.3 Item B.6: Time since last direct observation

6. If information source is from direct observation of applicant, indicate how recently observation occurred:

1. within last three days	3. within last month
2. within last week	4. more than one month ago

If the only source of information that the informant has about the applicant is from direct observation of the applicant, record here the informant’s statement as to how recently he/she has observed the applicant. If there are other sources of information indicated in Item B.5., skip this question.

If the **only** source of information about the applicant is direct observation, and that observation occurred more than one week prior to the date of the LOCET, another source of information must be used for the LOCET. LOCET will be assigned Incomplete Status (because of an Uninformed Caller). It is the responsibility of the Nursing Facility Intake Analyst to obtain the best source(s) of information possible for the LOCET.

If “0” is selected for Item B.5.a., that is, direct observation is not a source of information about this applicant, Item B.6. should be skipped. If more than one selection is answered “1” for “yes” in Item B.5., Item B.6. must be skipped and left blank.

4.11.4 Item B.7: Current location of applicant:

Select only one answer which indicates the current location of the applicant.

7. Current location of applicant (select only one):	
0. Private home/apt	4. Group Home or ICF/DD
1. Hospital	5. Shelter (for homeless, disaster-related or otherwise)
2. Adult Residential Center (Assisted living)/board & care	
3. Nursing home	6. Other, please specify _____

Selection 0: Private home / apartment: Code this selection if the applicant is in his /her home or apartment at the time of the LOCET interview.

Selection 1: Hospital: Code this selection if the applicant is in a hospital facility at the time of the LOCET interview.

Selection 2: Adult Residential Center (Assisted Living / board and care): Code this selection if the applicant is in an assisted living facility or a board and care home at the time of the LOCET interview.

Selection 3: Nursing Home: Code this selection if the applicant is in a nursing facility at the time of the LOCET interview.

Selection 4: ICF/DD: Code this selection if the applicant is in an intermediate care facility for the developmentally disabled at the time of the LOCET interview. This is not the same as a board and care home (Selection 2 above).

Selection 5: Shelter (for homeless, disaster-related or otherwise): Code this selection if the applicant is in any type of shelter at the time of the LOCET interview.

Selection 6: Other (specify): If the applicant's location at the time of the LOCET interview cannot be categorized in any of the above selections, code "6" for this answer and then specify the type of location the applicant is in.

4.11.5 Item B.8: Applicant's housing condition:

Record the informant's report regarding the applicant's housing outside of an institutional setting. Safe and accessible means housing that is not in dangerous disrepair and housing that the applicant can go in and out of without endangering him/herself.

8. Does the applicant currently have safe and accessible housing in his/her community outside of an institutional setting?		
0. NO	1. YES	2. UNKNOWN TO INFORMANT

A suggested way to ask this item is: "If the applicant were to leave the facility does he/she have a place to go which is safe and which he/she can get in and out of easily?"

Selection 0: No: Code this selection if the applicant does not have a safe place to live outside of an institutional setting.

Selection 1: Yes: Code this selection if the applicant does have a safe place to live outside of an institutional setting.

Selection 2: Unknown to Informant: Code this selection if the informant does not know if the applicant has a safe place to live outside of an institutional setting.

4.11.6 Item B.9: Prior nursing home residence of applicant:

Indicate in this item if the applicant has been a nursing home resident at any time within the last five years.

9. Has the applicant been a resident of a nursing home at any time during the last five years? 0. NO 1. YES 2. UNKNOWN TO INFORMANT	<input type="checkbox"/>
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Selection 0: No: Code this selection if the applicant has not been a resident of a nursing facility at any time within the last five years.

Selection 1: Yes: Code this selection if the applicant has not been a resident of a nursing facility at any time within the last five years.

Selection 2: Unknown to Informant: Code this selection if the informant does not know if the applicant has been a resident of a nursing facility at any time within the last five years.

4.11.7 Item B.10: Applicant's informal caregiver:

The name of the applicant's informal caregiver is gathered in Item B.10. This item will always refer to the main person who took care of the applicant at home, prior to entry into the nursing facility. Nursing facility staff will never be shown in this item. If there was no unpaid caregiver at home, the Intake Analyst will enter "none" and skip to Item B.11.

10. Thinking of the person who usually helps or gives care for the applicant, please answer the following: Caregiver's Name: _____ (If none, write "none" and skip to Item 11.) (This name will be used in questions 10A, 10B and 11.)																				
10A. Caregiver's Date of Birth: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>									Y	Y	Y	Y	M	M	D	D	10B. If Date of Birth is not known, what is caregiver's current age? <table border="1"><tr><td></td><td></td><td></td></tr></table>			
Y	Y	Y	Y	M	M	D	D													
10C. Does the caregiver have a disability? 0. NO 1. YES 2. Unknown to informant																				
<input type="checkbox"/>																				

4.11.8 Item B.10A: Caregiver's Date of Birth:

The intake analyst will use the caregiver's name (recorded in Item B.10) to ask the informant of the caregiver's date of birth. It will be recorded in Item B.10A. If the date of birth is not known, this item will be left blank. If the date of birth is recorded here, the Intake Analyst must skip to Item B.10C.

4.11.9 Item 10B: Caregiver's Age:

The intake analyst will use the caregiver's name (recorded in Item B.10) to ask the informant of the caregiver's age when the date of birth is not known (Item B.10A). The Intake Analyst will

record the caregiver's age in B.10B. only when there is no caregiver date of birth shown in Item B.10A.

4.11.10 Item B.10C: Caregiver Disability:

The intake analyst will use the caregiver's name (recorded in Item B.10) to ask the informant of the caregiver's disability status. The caregiver will be considered disabled if he / she is receiving Social Security disability payments, or has been determined by an insurance company or physician to be unable to work because of physical disability.

4.11.11 Item B.11A: Memory Exercise:

Item B.11A, in conjunction with Item D.13B, will constitute an informal memory exercise for the applicant. This item must be omitted if the Intake Analyst is not speaking directly with the applicant.

<p>11. MEMORY EXERCISE: Skip this item if not speaking with the applicant.</p> <p>"I will name three items for the applicant to remember. These may not be written down, but must be only remembered from the applicant hearing the spoken words. I will ask the applicant to tell me what these three items are in five minutes."</p> <p>"The items to remember are: (Interviewer will write three simple items here and tell them to the informant: [Example: "book... clock... tree"]"</p> <p>1. _____ 2. _____ 3. _____</p>
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The analyst will name three simple, unrelated items for the applicant to remember, for instance, "book, tree, dish." The applicant will be instructed not to write the words, but to repeat them to the analyst to ensure the applicant's verbal understanding of the words.